

CALIFORNIA ARTS COUNCIL INSTRUCTIONS

CAC-302 is used to request the final payment of your contract. Use this invoice when:

1. You have paid for all expenditures related to this grant and any required final reports have been completed and submitted to the CAC.
2. You have paid for expenditures which meet or exceed the total project budget (CAC and MATCH) and any required final reports have been completed and submitted to the CAC.

PART A - CONTRACT INFORMATION

Complete all lines requesting contract and contractor information. Please sequentially number your invoices beginning with 1 and place on INVOICE NUMBER line.

PART B - EXPENDITURES

COLUMN I - Enter total amount for each line item from List of Receipts. (Include advance expenditure payments.)

1. Artistic – Salaries: Enter column totals for CAC and MATCH from bottom of CAC-302A-1.
2. Administrative – Salaries: Enter column totals for CAC and MATCH from bottom of CAC-302A-2.
3. Technical – Salaries: Enter column totals for CAC and MATCH from bottom of CAC-302A-3.
4. Subtotal: Add line 1 + 2 + 3 above and enter the salaries subtotal for CAC and MATCH.
5. Operating/Production Expenses: Enter column totals for CAC and MATCH from bottom of CAC-302A-4.

ATTACH COPIES OF FORMS CAC-302A-1, CAC-302A-2, CAC-302A-3 AND CAC-302A-4 TO THIS INVOICE.

ADD LINE ITEMS 4 AND 5 AND PLACE TOTAL ON THE "TOTAL EXPENDITURES" LINE.

COLUMN II - Enter amounts in Column II from Exhibit A of approved contract. Compare amounts in Column I and Column II. If any differences, review the following acceptable budget changes:

- 10% Rule: Budget changes shall be allowed within Personnel Expenses Category, but may not increase or decrease a specific line item by more than 10 %, providing that there is a corresponding increase or decrease in another line item within the Personnel Expense Category.
- Approved Budget Revision: For changes which exceed the 10 % **OR** to move amounts between Personnel Expense and Operating/Production Expense, request must be in writing using form number STD. 2, for Revised Budget. **DO NOT** implement any such requested changes until receipt of written approval from the CAC.

PART C – GRANT PAYMENT SUMMARY

Follow instructions as given in Part C on invoice. **ATTACH NEA SURVEY & SELF EVALUATION FORMS.**

CERTIFICATION

Authorized Officer's **original** signature is required. Xerox copies will be returned. If phone number space is not completed, questions on invoices will be returned in writing. This will cause delays in processing.

IF YOU HAVE QUESTIONS ABOUT HOW TO COMPLETE THIS FORM CALL BARBARA CAMPBELL AT (916) 322-6387 OR LORI MOORE AT (916) 322-6342 OR FRANCELLE EICH AT (916) 322-3371.

MAIL INVOICE TO: CALIFORNIA ARTS COUNCIL - ACCOUNTING SECTION
1300 I STREET, SUITE 930
SACRAMENTO, CA 95814

CALIFORNIA ARTS COUNCIL
INVOICE
FOR FINAL PAYMENT

PART A - CONTRACT INFORMATION

CONTRACT NUMBER: _____

DATE: _____

CONTRACTOR: NAME/ADDRESS

INVOICE NUMBER: _____

CONTRACT PERIOD: _____

☐ check if this is a change of address

PART B -EXPENDITURES

LINE ITEMS	COLUMN I TOTAL EXPENDITURES THIS CONTRACT		COLUMN II APPROVED CONTRACT BUDGET	
	CAC	MATCH	CAC	MATCH
1. Artistic - Salaries				
2. Administrative - Salaries				
3. Technical - Salaries				
4. SUBTOTAL (1+2+3)				
5. Operating/Production Expenses				
TOTAL EXPENDITURES (4 + 5)	\$	\$	\$	\$

PART C - GRANT PAYMENT SUMMARY

A. Expenditures (enter **CAC** total from Column I above) \$ _____

B. Payments received FOR THIS CONTRACT ONLY (enter total of checks received from CAC) \$ _____

C. Invoice submitted to CAC but payment not yet received (DO NOT enter the amount of this invoice) \$ _____

D. Payment request for this invoice (A - B - C = D)* \$ _____

***ATTACH NEA SURVEY AND SELF EVALUATION FORMS**

CERTIFICATION

"I hereby certify under penalty of perjury that this final report is in accordance with the contract approved by and the standards of the California Arts Council, that payment has not been previously received for the amount claimed herein and no further expenditures will be charged to this contract."

AUTHORIZED OFFICER (PRINT)

PREPARER'S PRINTED NAME

AUTHORIZED OFFICER (SIGNATURE)***

PHONE NUMBER

***DO NOT USE BLACK INK

FOR CAC ACCOUNTING USE ONLY

FY _____ FUND _____ CODING _____ SCHEDULE _____

FY _____ FUND _____ CODING _____ SCHEDULE _____

SIGNATURE

DATE

INSTRUCTIONS FOR COMPLETING THIS FORM ON REVERSE SIDE